BIRCH TEWART, KOLASCH

COMBINED DECLARATION AND POWER OF ATTORNEY

FOR PATENT AND DESIGN APPLICATIONS

ATTORNEY DOCKETINO. 365-460P

PLEASE NOTE:
YOÙ MUST
COMPLETE THE
FOLLOWING:

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor

Insert Title:	is named below) or an originatter which is claimed and	nal, first and joint inventor (if for which a patent is sought o lysing carbonaceous f	f plural inventors are name on the invention entitled:	•	
Fill in Appropriate Information - For Use Without	the specificatio		25, 2000	as	
Specification Attached:	United States App	olication Number 09/623,		nd /or	
	the specificatio	on was filed on Februa	ry 26, 1999	as PCT	
	International App	lication Number PCT/FI	99/00153 ;	and was	
	amended under P	CT Article 19 on	(if app	olicable)	
	including the claims, as ame I acknowledge the duty Code of Federal Regulations I do not know and do no	ve reviewed and understand to ended by any amendment refer to disclose information which s, §1.56. of believe the same was ever know or patented or described in an	rred to above. is material to patentability own or used in the United S	as defined in Title 37,	
	our invention thereof or mo on sale in the United States of been patented or made the s country foreign to the Unite assigns more than twelve more patent or inventor's certificat America prior to this applicat I hereby claim foreign papplication(s) for patent or	ore than one year prior to this of America more than one year subject of an inventor's certificated States of America on an apport on this invention has been attended to the priority benefits under Title 3 inventor's certificate listed to the priority benefits to the priority benefits under the priority benefits under the priority benefits under Title 3 inventor's certificate having a fire priority benefits under the p	application, that the same we prior to this application, that ate issued before the date of polication filed by me or my lorior to this application, and filed in any country foreign entatives or assigns, except 5, United States Code, §119 pelow and have also identified.	vas not in public use or at the invention has not this application in any legal representatives or that no application for to the United States of as follows. (a)-(d) of any foreign fied below any foreign	
Insert Priority Information:	•	- (a)	•	Deinsies Claimad	
(if appropriate)	Prior Foreign Applicatio 980456	Finland	February 27, 1998	Priority Claimed	
	(Number)	(Country)	(Month/Day/Year Filed)	⊠ □ Yes No	
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No	
	(Number)	(Country)	(Month/Day/Year Filed)	☐ ☐ Yes No	
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No	
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No	
Insert Provisional Application(s):	I hereby claim the bene application(s) listed below.	efit under Title 35, United Sta	tes Code, §119(e) of any Ur	nited States provisional	
(if any)	(Application Number)		(Filing Date)		
	(Application Number)		(Filing Date)		
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More Than 12 Months (6 Months for Designs) Prior To The Filing Date of This Application:				
Insert Requested Information: (if appropriate)	Country		tion No. Date	of Filing (Month/Day/Year)	
Insert Prior U.S.	I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:				
Application(s):	(Application Number)	(Filing Date)	(Status - patented,	pending, abandoned)	

(Filing Date)

(Status - patented, pending, abandoned)

(Application Number)

I hereby appeared the following attorneys to prosecute this appearance and/or an international application based on this appearance tion and to transact all business in the Pater Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

ā	Full Name of First or Sole	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
Ų	Insert Name of Inventor Insert Date This	<u>Jyrki</u>	Hiltunen	- Tuly (b)		September 20, 2000
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L	Insert Residence Insert Citizenship	Sipoo, Finl		<i>,</i>	Finnish	,
ũ	Insert Post Office	POST OFFICE ADDR	ESS (Complete Street Addres	s including City, State & Country)		·
=	Address	Jänissuonti	e 28, FIN-04130 S	Sipoo, Finland		
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	Inventor, if any:	Steven	Gust	Steven &	tou	September 20, 2000
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Porvoo, Finland F POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						
			1 G 27, FIN-06400			
	Full Name of Fourth	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
	Inventor, if any					
	see above	Residence (City, State	e & Country)	<u> </u>	CITIZENSHIP	
				•		
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	Full Name of Fifth	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE.
	Inventor, if any					
	see above	Residence (City, State	a & Country)	<u> </u>	CITIZENSHIP	
			, a coom, ,		GIVIZZIVOI III	
	ŀ	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)				
	Page 2 of 2	 DATE OF SIGNATURE 	=			

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